TOWN of STOW

Stow, Massachusetts 01775



APPLICATION FOR SIGN PERMIT

NAME AND ADDRESS OF SIGN OW	NER: NAME AND ADDRESS OF PROPERTY OWNER (SIGN LOCATION):
ATTACH A SCALE DRAWING IND	OICATING THE FOLLOWING:
1. Proposed sign construction	5. Method of installation
2. Color	6. Dimensions, including sign area
3. Illumination, if any	in square feet.
4. Location of sign	All previously existing signs on site
SIGNATURE OF APPLICANT:	<u>DATE</u>
APPLICATION FEE: SIGN SQUARE	FEET x \$2.00 = \$
of the Town of Stow. PER	with the Zoning Board of Appeals within
2 The proposed sign appear Bylaw of the Town of Stov	rs to be in accordance with the Zoning w. PERMIT APPROVED
ISSUED BY:	DATE:
COMMENTS:	
PERMIT NUMBER MUST	
	PERMIT NUMBER: